



Master Gardener Volunteer Project Proposal

Master Gardener Name: _____

Street Address: _____

City: _____, **MICHIGAN** Zip: _____

Phone: _____ Year of Certification: _____

☐ I am willing to be the Project Coordinator for this project.

Title of Project: _____

Name of Organization: _____

Contact Person: _____

Contact Person's Phone: _____

Dates project will be active: From _____ to _____

Brief description of group. Include size and general age of the group.

Brief description of project: _____

For Office Use Only

Project Reviewed: ☐ Yes ☐ No Project Accepted: ☐ Yes ☐ No

If not accepted, give reasons why.

Master Gardener Program Coordinator

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